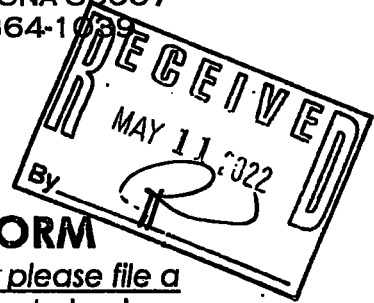


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1089
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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: MAY 11, 2022 Case Number: 22-129

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Caitlyn Wilson (Intern)
Premise Name: VCA Animal Referral and Emergency Center of Arizona
Premise Address: 1648 N Country Club Dr.
City: Mesa State: AZ Zip Code: 85201
Telephone: (480) 898-0001

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Jessica McFarland
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Benson McFarland

Breed/Species: Chihuahua

Age: 4 Sex: M Color: White and Brown

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Caitlyn Wilson is the ONLY veterinarian that I came into contact with that day and she WAS NOT supervised by anyone per the VCA staff.

1648 N Country Club Dr.
Mesa, AZ 85201

480-898-0001

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Darlynn Ryerson _____
Samantha Jourden _____

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 5/11/2022

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On August 13th 2021 at approximately 4am I took my service animal (Benson) to VCA Animal Referral Clinic and oh what a mistake I made! Upon arrival there, I parked in a numbered space, and was told upon calling that their system was down (completely kicking myself about this now because this was God telling me to get out of there!). I waited about 45 minutes before somebody came out and took Benson inside the facility which I was not allowed to enter due to covid restrictions. I had taken Benson to VCA because his back legs were not functioning properly, although he was 100% fine the morning of 8/12, going up and down the stairs as usual, playing and doing all of his normal things. I scheduled Benson an appt at his usual vet, but was not able to get in until 08-14-2021 @ 9am (Westbrook Animal Hospital in Peoria AZ). I had only brought him to VCA to ease his pain and hopefully get him some temporary relief due to his appointment not being until the next day. After Caitlyn Wilson examined Benson she came to the conclusion that he needed a \$10,000-\$12,000 surgery WITHOUT even doing so much as any blood work to rule out the simple things first, even after I requested she do so... I was told no! She was so sure that Benson needed this surgery, and the entire experience made me completely uncomfortable because it was all about MONEY. She went so far as to tell me that he needed to be seen by a neurologist, and that none were available and he needed to be rushed to surgery immediately or euthanized. All of this happened so fast. I informed Caitlyn Wilson that Benson had an appointment the next day at his vet and that I wanted a second opinion. She told me there was certain criteria Benson needed to meet in order to go home, and that she would reevaluate him and call me back. She did this, and told me that Benson could not go home because of the state that he was in. I told her I wanted to take him to his vet the next day, and that he already had a scheduled appointment and she again told me no. The options I had were a \$10k surgery I absolutely could not afford or be forced to euthanize him. She would not let me leave that facility with Benson. All of this interaction happened via phone and I'm almost positive it was recorded even though the facility denies this. Caitlyn Wilson tried to make it out as though she supported me and sat by my side past her scheduled time to be there for me, when in reality she forced me to put my dog down and then had the audacity to sit beside me and rub my arm like she cared knowing I wanted to leave that facility with my baby and the option was never given to me. PLEASE REVIEW THE PHONE CALLS FROM THAT FACILITY FROM THAT DAY!!! I am telling you I was forced to put my baby down, and was never given any option to leave with him. I'm disgusted, and will not stop until something is done about this. Phil Padrid and Daniel Shugrue (upper VCA management) also acted as though "I believed" this happened, yet nobody will retrieve the calls to listen to them or investigate how she handled or mishandled this situation. Everything I'm saying will be confirmed if the calls are listened to. I am not crazy, and my next step will be to get a lawyer and contact the news stations. I will not stop until something is done about this.

* I will be sending additional information ie: proof of Benson's appointment at Westbrook for 8/14 and his medical history / records from Westbrook Animal Hospital.

**VCA Animal Referral & Emergency
Center of Arizona**
1648 N. Country Club Drive
Mesa, AZ 85201
Tel: (480) 898-0001
Fax: (480) 898-3111



June 9, 2022

VIA EMAIL & US MAIL

Tracy A. Riendeau, CVT
Investigative Division
Arizona State Veterinary Medical Examining Board
1740 W. Adams St., Ste. 4600
Phoenix, AZ 85007

**RE: Board Case No. 22-129 In Re: Caitlyn Wilson, DVM | Dr. Caitlyn Wilson's
Response**

To Ms. Riendeau:

Please accept this correspondence as my, Caitlyn Wilson, DVM's response to the complaint filed with the Arizona State Veterinary Medical Examining Board by Jessica McFarland regarding the care provided to "Benson" at VCA Animal Referral & Emergency Center of Arizona ("VCA ARECA").

Please find Benson's complete medical record attached hereto to assist in your review of the matter. As stated more fully below, I deny any misconduct or improper care of Benson at VCA. Accordingly, I request that the investigation surrounding these actions is closed and the complaint filed with the Arizona State Veterinary Medical Examining Board be dismissed.

On August 13, 2021 Benson, a 4yo MI Chihuahua mixed breed dog owned by Jessica McFarland, presented to VCA ARECA for being acutely down. On physical exam, Benson was alert with normal vital parameters. He was mildly dehydrated (approximately based on mucous membranes and skin turgor). On neurologic exam, he was paraplegic and deep pain negative in his pelvic limbs. He was severely painful on palpation of T13-L1 and the cutaneous trunci reflex was absent approximately L1/L2-caudal. He had intact withdrawal and patellar reflexes on all four limbs. His neurolocalization was a T3-L3 myelopathy. (pg. 1)

I called Jessica McFarland and discussed my physical exam findings and possible causes of Benson's clinical signs. I discussed that my top differential was intervertebral disc disease (IVDD), with other possible differentials being infectious disease (most likely Valley Fever, less likely other fungal disease), a mass (neoplastic versus benign), inflammatory disease, or less likely a vascular event or other trauma. I reviewed that because Benson was paraplegic with no deep pain, that his prognosis was guarded. (pg. 2)

I discussed IVDD at length and reviewed that the gold standard recommendation for Benson would include transfer to a neurologist with MRI +/- CSF tap and surgery pending results of the MRI. I discussed that this gold standard recommendation would likely cost somewhere between \$10,000-12,000 if surgery was performed. I reviewed that if the MRI +/- CSF tap was

not possible, that sometimes a CT could be performed. I discussed that while this option was less expensive, it would still be several thousand dollars. (pg. 2)

I then reviewed with the owner that even with surgery, dogs that are paraplegic and deep pain negative have about a 50-50 chance of regaining function of the pelvic limbs, even with surgery. We discussed that recovery is long (months) and that patients must be strictly rested during this time. We reviewed that owners must be able to attend regular follow-up appointments and provide at-home care during the recovery time period. (pg. 2,3)

I also reviewed that patients suffering from IVDD could have multiple degenerative discs throughout their lifetime. We discussed that some patients may go through surgery and do well, only to have recurrence of the problem with a different intervertebral disc. I reviewed that I did not know without further diagnostics if Benson had IVDD. I discussed that regardless of cause, my recommendation for a paraplegic and deep pain negative patient would include transfer to a neurologist to have an MRI. I reviewed that prognosis for a paraplegic and deep pain negative patient is guarded regardless of the cause/until proven otherwise. (pg. 3)

We discussed that options other than surgery are not strongly recommended, but that medical management could be considered. We reviewed that paraplegic and deep pain negative dogs with suspected IVDD do not typically regain function of their limbs with medical management (<10% of cases). We discussed that medical management would require intensive at-home care, including strict crate rest for several weeks/months, pain management, bladder expression, passive-range-of-motion exercises (PROM), hygienic care, recumbency care, and follow-up veterinary appointments. In addition, I discussed overall quality of life for paraplegic, deep pain negative dogs. I also reviewed the possibility of myelomalacia. I discussed that although myelomalacia is not a common complication, that it can occur, and that Jessica McFarland should be aware of the possibility of progressive disease. (pg. 3)

During our conversation, Jessica McFarland inquired about Benson using a wheelchair. We reviewed that this was a possibility, but that Benson would still require intensive upfront, at-home medical care and likely ongoing at-home nursing care for life (i.e., bladder expression, PROM, etc). I reviewed that properly made and fitted wheelchairs for dogs can be expensive as well. I discussed that medical management and use of a wheelchair would be possible, but that they are not readily encouraged. (pg. 2,3)

Jessica McFarland commented that she did not have the funding available for transfer to a neurologist and diagnostic workup. I discussed Care Credit and recommended that Jessica McFarland apply if she was interested. Jessica McFarland stated she had already applied for Care Credit and that she was not approved. Jessica McFarland stated she would like to contact family and friends. After speaking with friends and family, Jessica McFarland commented that her mother also did not qualify for Care Credit, but that she would like to reach out to other friends and family to acquire funding. (pg. 2)

Throughout our conversations, Jessica McFarland inquired into taking Benson home. I discussed that it would be against medical advice to take Benson home in his condition without further care and/or a plan to address his condition. (pg. 3) Under no circumstance did I prevent Jessica McFarland from removing her dog from the VCA Animal Referral and Emergency Center of Arizona premises.

Jessica McFarland also asked if taking Benson to her primary care veterinarian was an option. I discussed that Benson could be taken to his primary care veterinarian; however, if the

goal was to obtain a second opinion, I would recommend transfer to another facility that has a neurologist. I explained that the benefit of taking Benson to such a facility would allow ease of transfer to a neurologist, should Jessica McFarland decide to pursue further diagnostic care. Jessica McFarland asked me if other clinics/neurologists provided payment plans. I discussed that I did not know if other clinics provided payment plans, but that I was not personally aware of any neurologists that offered payment plans. (pg. 2)

During our conversations, Jessica McFarland expressed financial concerns multiple times. Jessica McFarland inquired into performing baseline diagnostics, such as bloodwork (CBC/Chemistry) and a Valley Fever titer. I reviewed that we could run these diagnostics and I verbally reviewed the cost of these diagnostics. I also reviewed that results of the Valley Fever titer would not be available for several days. Jessica McFarland commented that she did not have the funds available for these diagnostics. I discussed that if the funds became available, we could run these diagnostics. I reviewed that the findings of these diagnostics would likely not improve Benson's poor prognosis, given his clinical presentation and physical exam findings. I reviewed that if Jessica McFarland was planning to have an MRI/see a neurologist, that these diagnostics would be useful. Ultimately, Jessica McFarland did not have the funding available to proceed with baseline diagnostics. (pg. 2,3)

In one of our conversations, Jessica McFarland commented that she could have the money required for MRI/neurosurgery in several days. I discussed that unfortunately, Benson's likelihood of having a beneficial surgery (i.e., regaining mobility of limbs +/- bladder control) would decrease over time. I discussed that surgery should ideally be performed as soon as possible for the best outcome. I also discussed that if Benson were to have surgery at a later date, that he would require intensive at-home care prior to surgery. At no point did I tell Jessica McFarland that she could not proceed with pursuing MRI/surgery at a later date. (pg. 3)

Jessica McFarland also asked me if Benson could have developed his clinical signs from a traumatic injury. I reviewed that I could not rule out a trauma injury, but that this was less likely given he had no external signs of trauma. I discussed that regardless of the cause of Benson's clinical signs, that transfer to a neurologist would remain my gold standard recommendation. (pg. 3)

Jessica McFarland asked me if there was anything she could have done to prevent Benson's paraplegia. I reassured Jessica McFarland that there was likely nothing she could have done to prevent Benson's paraplegia from occurring. (pg. 3)

Jessica McFarland also commented that Benson was inbred and asked if this could have contributed to his paraplegia. I discussed that it was possible, but that I had no way to confirm this possibility. (pg. 3)

In addition, Jessica McFarland asked me if Benson's clinical signs could be due to Valley Fever and if it was possible he may not require surgery. I discussed that Valley Fever was a differential for Benson's clinical signs. I reviewed that if Valley Fever had caused Benson's clinical signs, that this would indicate a severe infection in the central nervous system and/or musculoskeletal system. I discussed that severely disseminated Valley Fever also carries a guarded prognosis. I again emphasized that regardless of the cause of Benson's clinical signs, that transfer to a neurologist would remain my gold standard recommendation. (pg. 3)

After multiple conversations over several hours, I asked Jessica McFarland if she had decided how she would like to proceed. Jessica McFarland stated that she would be gathering her

family/friends and coming to VCA ARECA to humanely euthanize Benson. Jessica McFarland asked that I not euthanize Benson prior to her arrival. I responded that I would never euthanize a pet prior to an owner arriving unless it was that owner's wishes. I stated that we would wait for Jessica McFarland and her family/friends to arrive. I reassured Jessica McFarland that she could visit with Benson for as long as she would like. I gave my condolences and reassured Jessica McFarland that she was a loving owner. (pg. 3)

At no point did I force Jessica McFarland to elect to euthanize Benson. Jessica McFarland confirmed to both me and Kendra Donohoe verbally that she elected to humanely euthanize Benson. Under no circumstance would I ever euthanize a patient against a client's will or refuse to allow an owner to remove their pet from our facility, VCA Animal Referral and Emergency Center of Arizona.

It should be noted that during Benson's stay, he also received a pain injection that was approved by Jessica McFarland. This medication was accidentally charged as Butorphanol; however, the medication that was given was 0.1mg/kg (0.54mg) Hydromorphone IV for pain while in-hospital.

 6/9/22

Caitlyn Wilson, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Carolyn Ratajack - Chair
Christina Tran, DVM - **Absent**
Robert Kritsberg, DVM
Jarrod Butler, DVM
Steven Seiler - **Absent**

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-129
Complainant(s): Jessica McFarland
Respondent(s): Caitlyn Wilson, DVM (License: 8142)

SUMMARY:

Complaint Received at Board Office: 5/11/22
Committee Discussion: 10/4/22
Board IIR: 11/16/22

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On August 13, 2021, "Benson," a 4-year-old male Chihuahua mix was presented to Respondent on emergency for being acutely down. Evaluation revealed the dog was paraplegic and deep pain negative in the pelvic limbs. Respondent discussed her findings with Complainant and the guarded prognosis. She recommended transferring the dog to a neurologist for diagnostics and possible surgery. However, even with surgery the dog had a 50/50 chance of regaining function in the pelvic limbs.

Complainant expressed financial constraints and reached out to family for financial assistance. Respondent discussed at length Complainant's options and answered all her questions. Ultimately, Complainant elected humane euthanasia.

Complainant felt Respondent coerced her into euthanizing the dog, refused to allow her to take the dog home, or seek a second opinion.

Respondent denies the allegations.

Complainant was noticed and did not appear.

Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Jessica McFarland*
- Respondent(s) narrative/medical record: *Caitlyn Wilson, DVM*
- Witness statement: *Darlynn Ryerson*

PROPOSED 'FINDINGS of FACT':

1. On August 13, 2021, Complainant stated that she took her dog to Respondent on emergency since she could not see her regular veterinarian until the following day. The dog was not using his back legs properly; he was fine the day before – using the stairs, playing, etc. After Respondent examined the dog, Complainant was advised that the dog needed surgery which would cost \$10,000 – \$12,000 – no diagnostics were performed. According to Complainant, she requested blood work and Respondent refused and told her the dog needed to see a neurologist. She was told that the dog either needed surgery or to be euthanized.

2. Complainant advised Respondent that the dog had an appointment the following day at his regular veterinarian and she wanted a second opinion. According to Complainant, Respondent would not let her leave the premises with the dog. The only options were to perform the surgery she could not afford or euthanize the dog. Complainant elected to euthanize the dog.

3. Complainant stated that due to covid restrictions, she was not allowed to enter the premises and most conversations took place over the phone. She believes the phone calls were recorded and would prove that she was coerced into euthanizing the dog.

4. According to Respondent, the dog arrived at the premises acutely down at 4:16am. Complainant reported the dog had been unable to use his legs since 1pm. There was no known trauma and trazadone was administered around 9pm. Upon exam, the dog had a weight = 5.4 pounds, a temperature = 102.1 degrees, a heart rate = 140bpm, and a respiration rate = 30bpm; mild dehydration present. On neurologic exam, the dog was paraplegic and deep pain negative in the pelvic limbs. He was severely painful on palpation of T13–L1 and the cutaneous trunci reflex was absent approximately L1/L2 caudal. The dog had intact withdrawal and patellar reflexes on all four limbs. His neurolocalization was a T3 – L3:myelopathy.

5. Respondent discussed her findings with Complainant – her top differentials were IVDD, infectious disease (Valley Fever), a mass, inflammatory disease, or less likely, a vascular event or other trauma. Respondent gave a guarded prognosis due to the dog being paraplegic with no deep pain.

6. Respondent stated that she discussed IVDD at length with Complainant and recommended transferring the dog to a neurologist with MRI with possible CSF tap and surgery pending the results of the MRI. She advised that the cost would be somewhere between \$10,000 - \$12,000, if surgery was performed. Respondent stated a CT could be performed as well, although less expensive, it would still be thousands of dollars. She further relayed that even with surgery dogs that are paraplegic with deep pain negative have about 50/50 chance of regaining function of the pelvic limbs, even with surgery. Additionally, recovery will take months and the dog would

require strict rest. Respondent explained that she did not know if the dog had IVDD without further diagnostics but regardless of the cause, her recommendation for a paraplegic dog and deep pain negative pet was transfer to a neurologist to have an MRI.

7. Respondent discussed that options other than surgery were not strongly recommended but medical management could be considered, however these dogs typically do not regain function of their limbs with medical management. Medical management would require intensive at-home care for weeks/months. Respondent also discussed the possibility myelomalacia occurring. When Complainant brought up using a wheelchair, Respondent advised that intensive home medical care would be required.

8. Complainant relayed that she did not have the funding for transfer to a neurologist and diagnostic workup. Care Credit was attempted but Complainant was not approved. Complainant spoke with family and friends – her mother did not qualify for Care Credit – however, she would continue trying to find funds.

9. Respondent stated that Complainant asked about taking the dog home; Respondent advised against taking the dog home in his condition without further care or plan to address his issue. Complainant further asked about taking the dog to her primary care veterinarian - Respondent advised that Complainant could take the dog to her primary care veterinarian; however, if the goal was to obtain a second opinion, she would recommend transferring to another facility that had a neurologist.

10. Complainant asked about performing baseline diagnostics, such as blood work including a Valley Fever. Respondent advised Complainant of the costs associated with blood work as well as advising that the Valley Fever test would not be available for several days. Complainant could not afford to perform those tests. Respondent explained that those results would likely not improve the dog's poor prognosis, given his clinical presentation and exam findings.

11. Complainant relayed that she may have the funds needed for the MRI and surgery in several days. Respondent discussed that the benefits of surgery would decrease over time and should be performed as soon as possible for the best outcome. Respondent advised Complainant that if the funding was not coming together, humane euthanasia was a loving and selfless decision.

12. Respondent answered Complainant's questions regarding if the dog could have developed his clinical signs from trauma if there was any way she could have prevented the dog's paraplegia; and if the dog's inbreeding could have contributed to the dog's issues.

13. The dog was administered hydromorphone IV to help with the dog's pain.

14. After multiple conversations over several hours, Respondent asked how Complainant would like to proceed. Complainant advised that she would be gathering her family and friends and returning to the premises to humanely euthanize the dog. Respondent and her staff obtained approval for the euthanasia procedure.

15. The dog was humanely euthanized with Complainant present.

16. Respondent stated that under no circumstance did she prevent Complainant from removing her dog from the premises. Nor would she ever euthanize a pet against a client's will.

COMMITTEE DISCUSSION:

The Committee discussed that Respondent had only been out of school a few months before this interaction took place. It appeared that Respondent relayed the dog's situation to a distraught pet owner in a hopeless manner. There were some concerns with the dog's care; the dog was administered hydromorphone but no diagnostics were performed or fluids provided to assist the dog's dehydration. The pet owner felt she had two options: Surgery that she could not afford or humane euthanasia.

The Committee further discussed that no other options were offered. The dog may not have recovered however no other treatment was attempted or offered. There was nothing medical wrong done on Respondent's part.

Complainant was not available to speak with, however she and her friends submitted statements. It was repeated that Complainant was not able to take the dog home; the medical record stated that Respondent recommended that Complainant not take the dog home. Committee understood that angle but due to the neurological component, there are gray areas. Additionally, the Committee felt Complainant was rushed to make a fatal decision. There were no diagnostics to determine what was actually wrong with the dog. There was a chance the dog could have recovered. There was a zero percent outcome with euthanasia. Respondent had a negative tone and came across that nothing could be done for the dog other than surgery; and it would be doing a disservice to the dog if taken home. The dog was comfortable at the premises with the pain medication that was administered. The dog was not old and it would be beneficial to give the dog a chance with medical management.

Additionally, the pet owner had an appointment with her regular veterinarian the following day. A lot could have changed in that time – the pet owner could have been sent home with medications to see if there was any improvement and if not she could have been ready to euthanize the dog at that point at her daytime veterinarian.

Respondent also could have kept the dog until a neurologist evaluation could have been conducted.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (12) as it relates to **AAC R3-11-501 (1)** failure to provide considerate treatment to the pet owner for not offering other options available for the treatment of the dog; and

ARS § 32-2232 (18) as it relates to **AAC R3-11-502 (F)** failure to document that the verbal approval of the dog's euthanasia was witnessed by one other individual.

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS A. DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

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IN ACCORDANCE WITH A.R.S. § 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the November 16, 2022 meeting of the Arizona State Veterinary Medical Examining Board, the Board considered the recommendations of the Investigative Committee regarding case number 22-129 In Re: Caitlyn Wilson, DVM.

The Board considered the Investigative Committee's Findings of Fact and Conclusions of Law:

1. **ARS § 32-2232 (12)** as it relates to **AAC R3-11-501 (1)** failure to provide considerate treatment to the pet owner for not offering other options available for the treatment of the dog; and
2. **ARS § 32-2232 (18)** as it relates to **AAC R3-11-502 (F)** failure to document that the verbal approval of the dog's euthanasia was witnessed by one other individual.

Following discussion, the Board concluded that Respondent's conduct did not rise to the level of a violation and voted to dismiss this issue with no violation.

Respectfully submitted this 18th day of January, 2022.

Arizona State Veterinary Medical Examining Board

Jessica Creager
Jessica Creager - Chairperson